

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

CALIFORNIA
2001/02
FORM **460**

Page 1 of 118

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 04/01/2018
through 06/30/2018

Date of election if applicable:
(Month, Day, Year)

1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- | | |
|---|--|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="radio"/> State Candidate Election Committee
<input type="radio"/> Recall
(Also Complete Part 5.) | <input checked="" type="checkbox"/> Ballot Measure Committee
<input checked="" type="radio"/> Primary Formed
<input type="radio"/> Controlled
<input checked="" type="radio"/> Sponsored
(Also Complete Part 6.) |
| <input type="checkbox"/> General Purpose Committee
<input type="radio"/> Sponsored
<input type="radio"/> Small Contributor Committee
<input type="radio"/> Political Party/Central Committee | <input type="checkbox"/> Primary Formed Candidate/
Officeholder Committee
(Also Complete Part 7.) |

2. Type of Statement:

- | | |
|---|--|
| <input type="checkbox"/> Pre-election Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement | <input type="checkbox"/> Supplemental Preelection
Statement - Attach Form 495 |
| <input checked="" type="checkbox"/> Amendment (Explain below) | |

Amended to reflect transactions inadvertently omitted from Schedules C and F.

3. Committee Information

I.D. NUMBER
1399958

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by
AIDS Healthcare Foundation and ACCE Action

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles	CA	90024	(310) 576-1233

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX/E-MAIL ADDRESS

(310) 319-0156 / bpalmer@strumwooch.com

Treasurer(s)

NAME OF TREASURER
Beverly Grossman Palmer

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles	CA	90024	(310) 576-1233

NAME OF ASSISTANT TREASURER, IF ANY
Fredric Woocher

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles	CA	90024	(310) 576-1233

OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on <u>01/31/2019</u> DATE	By <u>Beverly Grossman Palmer</u> SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on <u>01/31/2019</u> DATE	By <u>Michael Weinstein</u> SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR
Executed on <u>01/31/2019</u> DATE	By <u>Christina Livingston</u> SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT
Executed on <u>01/31/2019</u> DATE	By <u>Elena Popp</u> SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California

Recipient Committee Campaign Statement Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D.NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D.NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

Expands Local Governments' Authority to Enact Rent Control on Residential Property. Initiative Statute.

BALLOT NO. OR LETTER

JURISDICTION

10

Statewide

☒ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

Michael Weinstein

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Recipient Committee
Campaign Statement
Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

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FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?
☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?
☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION ☐ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

Christina Livingston

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Recipient Committee
Campaign Statement
Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

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FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?
☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?
☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION ☐ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

Elena Popp

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from 04/01/2018 through 06/30/2018	CALIFORNIA FORM 460 Page 5 of 118 I.D. NUMBER 1399958
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$650,000.00	\$2,030,000.00
2. Loans Received	Schedule B, Line 7	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$650,000.00	\$2,030,000.00
4. Nonmonetary Contributions	Schedule C, Line 3	\$97,255.51	\$167,867.08
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$747,255.51	\$2,197,867.08

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$0.00	\$0.00
21. Expenditures Made	\$0.00	\$0.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$668,072.85	\$2,179,641.44
7. Loans Made	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$668,072.85	\$2,179,641.44
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	(\$104,907.12)	\$48,362.76
10. Nonmonetary Adjustment	Schedule C, Line 3	\$97,255.51	\$167,867.08
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$660,421.24	\$2,395,871.28

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$43,441.41
13. Cash Receipts	Column A, Line 3 above	\$650,000.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$0.00
15. Cash Payments	Column A, Line 8 above	\$668,072.85
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$25,368.56

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$0.00
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$48,362.76

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A

Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	04/01/2018	
through	06/30/2018	Page 6 of 118

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number
1399958

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/2/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$145,000.00	\$2,087,867.08	2018G: \$2,262,867.08
4/6/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$130,000.00	\$2,087,867.08	2018G: \$2,262,867.08
4/12/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$220,000.00	\$2,087,867.08	2018G: \$2,262,867.08
4/27/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$45,000.00	\$2,087,867.08	2018G: \$2,262,867.08
5/9/2018	American Federation of State County & Municipal Employees Local 3299 Issues PAC Sacramento, CA 95814 Committee ID: 1381381	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$60,000.00	\$60,000.00	2018P: \$60,000.00

SUBTOTAL

Schedule A Summary

1. Amount received this period - contributions of \$100 or more.

(Include all Schedule A subtotals.) \$650,000.00

2. Amount received this period - unitemized contributions of less than \$100

\$0.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL** \$650,000.00

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	04/01/2018	
through	06/30/2018	Page 7 of 118

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number
1399958

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/18/2018	California Nurses Association Oakland, CA 94612 Committee ID: 941597	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$50,000.00	\$50,000.00	2018P: \$50,000.00
	INTERMEDIARY California Nurses Association Initiative PAC Sacramento, CA 95814-4602	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL				\$650,000.00		

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule B – Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period
from 04/01/2018
through 06/30/2018

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. NUMBER

1399958

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		 RATE % 		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		 RATE % 		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		 RATE % 		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	

SUBTOTALS

Schedule B Summary

1. Loans received this period. _____

(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period _____

(Total Column (c) plus loans under \$100 paid or forgiven.)

(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) _____ Net _____

Enter the net here and on the Summary Page, Column A, Line 2.

(may be a negative number)

(Enter (e) on
Schedule E, Line 3)

* Amounts forgiven or paid by
another party also must be
reported on Schedule A.

** If required.

*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B - Part 2

Loan Guarantors

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from <u>04/01/2018</u> through <u>06/30/2018</u>	CALIFORNIA FORM 460
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NAME OF FILER Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action	
I.D. Number 1399958	

SEE INSTRUCTIONS ON REVERSE

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
SUBTOTAL					Enter on Summary Page, Line 17 only.	

Schedule C Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from 04/01/2018 through 06/30/2018	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
6/29/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1995 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Press release distribution inv. #4958657	\$715.00	\$2,087,867.08	2018G: \$2,262,867.08
6/27/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1996 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Press release distribution inv. #4957930	\$1,345.00	\$2,087,867.08	2018G: \$2,262,867.08
4/4/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON493 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Staff Expenses	\$34.00	\$2,087,867.08	2018G: \$2,262,867.08
4/5/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON494 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Staff expenses	\$38.00	\$2,087,867.08	2018G: \$2,262,867.08
Attach additional information on appropriately labeled continuation sheets.					SUBTOTAL	\$97,255.51	

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more. (Include all Schedule C subtotals.).....	\$97,255.51
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	\$0.00
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	TOTAL \$97,255.51

*Contributor Codes
IND - Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule C Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from 04/01/2018 through 06/30/2018	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number
1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
4/7/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON495 Committee ID: 1281664	<div> <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC </div>		Staff expenses	\$65.00	\$2,087,867.08	2018G: \$2,262,867.08
4/9/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON496 Committee ID: 1281664	<div> <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC </div>		Staff expenses	\$100.00	\$2,087,867.08	2018G: \$2,262,867.08
4/11/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON497 Committee ID: 1281664	<div> <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC </div>		Staff expenses	\$70.00	\$2,087,867.08	2018G: \$2,262,867.08
4/11/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON498 Committee ID: 1281664	<div> <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC </div>		Staff expenses	\$30.00	\$2,087,867.08	2018G: \$2,262,867.08

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

*Contributor Codes
 IND - Individual
 COM- Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period

from 04/01/2018

through 06/30/2018

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FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number
1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
4/12/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON499 Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Staff expenses	\$40.00	\$2,087,867.08	2018G: \$2,262,867.08
4/13/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON500 Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Staff expenses	\$25.00	\$2,087,867.08	2018G: \$2,262,867.08
4/15/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON501 Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Technology	\$150.00	\$2,087,867.08	2018G: \$2,262,867.08
4/16/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON502 Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Travel	\$164.99	\$2,087,867.08	2018G: \$2,262,867.08

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.

(Include all Schedule C subtotals.).....

2. Amount received this period - unitemized nonmonetary contributions of less than \$100

3. Total nonmonetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

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Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from 04/01/2018 through 06/30/2018	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
4/17/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON503 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Staff Expenses	\$36.58	\$2,087,867.08	2018G: \$2,262,867.08
4/17/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON504 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Staff Expenses	\$17.91	\$2,087,867.08	2018G: \$2,262,867.08
4/18/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON505 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Staff Expenses	\$52.06	\$2,087,867.08	2018G: \$2,262,867.08
4/18/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON506 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Staff expenses	\$20.00	\$2,087,867.08	2018G: \$2,262,867.08

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SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

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Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
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SCHEDULE C

Statement covers period from 04/01/2018 through 06/30/2018	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number
1399958

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4/18/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON507 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Staff expenses	\$9.00	\$2,087,867.08	2018G: \$2,262,867.08
4/18/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON508 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Travel	\$24.50	\$2,087,867.08	2018G: \$2,262,867.08
4/18/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON509 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Travel	\$4.50	\$2,087,867.08	2018G: \$2,262,867.08
4/18/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON510 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Staff expenses	\$21.81	\$2,087,867.08	2018G: \$2,262,867.08

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SUBTOTAL

Schedule C Summary

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(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

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OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule C Nonmonetary Contributions Received

Type or print in ink.
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SCHEDULE C

Statement covers period from 04/01/2018 through 06/30/2018	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
4/18/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON511 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Staff expenses	\$22.65	\$2,087,867.08	2018G: \$2,262,867.08
4/2/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON512 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Staff expenses	\$48.15	\$2,087,867.08	2018G: \$2,262,867.08
4/20/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON513 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Technology	\$9.99	\$2,087,867.08	2018G: \$2,262,867.08
4/23/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON514 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Staff expenses	\$4.31	\$2,087,867.08	2018G: \$2,262,867.08

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
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(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

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Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from 04/01/2018 through 06/30/2018	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
4/23/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON515 Committee ID: 1281664	<div><div></div><div>IND</div><div><div></div></div><div>COM</div><div><div></div></div><div>OTH</div><div><div></div></div><div>PTY</div><div><div></div></div><div>SCC</div></div>		Staff expenses	\$22.00	\$2,087,867.08	2018G: \$2,262,867.08
4/23/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON516 Committee ID: 1281664	<div><div></div><div>IND</div><div><div></div></div><div>COM</div><div><div></div></div><div>OTH</div><div><div></div></div><div>PTY</div><div><div></div></div><div>SCC</div></div>		Staff Expenses	\$200.00	\$2,087,867.08	2018G: \$2,262,867.08
4/23/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON517 Committee ID: 1281664	<div><div></div><div>IND</div><div><div></div></div><div>COM</div><div><div></div></div><div>OTH</div><div><div></div></div><div>PTY</div><div><div></div></div><div>SCC</div></div>		Staff expenses	\$20.00	\$2,087,867.08	2018G: \$2,262,867.08
4/23/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON518 Committee ID: 1281664	<div><div></div><div>IND</div><div><div></div></div><div>COM</div><div><div></div></div><div>OTH</div><div><div></div></div><div>PTY</div><div><div></div></div><div>SCC</div></div>		Staff expenses	\$164.25	\$2,087,867.08	2018G: \$2,262,867.08
Attach additional information on appropriately labeled continuation sheets.					SUBTOTAL		

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
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Schedule C Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
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SCHEDULE C





Statement covers period from 04/01/2018 through 06/30/2018	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number
1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
5/1/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON519 Committee ID: 1281664	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Staff expenses	\$58.00	\$2,087,867.08	2018G: \$2,262,867.08
5/1/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON520 Committee ID: 1281664	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Travel	\$271.96	\$2,087,867.08	2018G: \$2,262,867.08
5/1/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON521 Committee ID: 1281664	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Staff expenses	\$28.00	\$2,087,867.08	2018G: \$2,262,867.08
5/2/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON522 Committee ID: 1281664	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Staff expenses	\$55.00	\$2,087,867.08	2018G: \$2,262,867.08

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SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
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Schedule C

Nonmonetary Contributions Received

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SCHEDULE C

Statement covers period

from 04/01/2018

through 06/30/2018

CALIFORNIA
FORM **460**

Page 18 of 118

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

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5/3/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON523 Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Staff expenses	\$15.54	\$2,087,867.08	2018G: \$2,262,867.08
5/3/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON524 Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Technology	\$48.00	\$2,087,867.08	2018G: \$2,262,867.08
5/4/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON525 Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Staff expenses	\$9.36	\$2,087,867.08	2018G: \$2,262,867.08
5/4/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON526 Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Travel	\$40.00	\$2,087,867.08	2018G: \$2,262,867.08

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.

(Include all Schedule C subtotals.).....

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3. Total nonmonetary contributions received this period.

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Schedule C

Nonmonetary Contributions Received

Type or print in ink.
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SCHEDULE C

Statement covers period from 04/01/2018 through 06/30/2018	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number
1399958

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5/5/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON527 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Staff expenses	\$7.50	\$2,087,867.08	2018G: \$2,262,867.08
5/5/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON528 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Staff expenses	\$23.70	\$2,087,867.08	2018G: \$2,262,867.08
5/5/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON529 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Staff expenses	\$9.00	\$2,087,867.08	2018G: \$2,262,867.08
5/5/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON530 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Staff expenses	\$24.85	\$2,087,867.08	2018G: \$2,262,867.08

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SUBTOTAL

Schedule C Summary

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Schedule C

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SCHEDULE C

Statement covers period

from 04/01/2018

through 06/30/2018

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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I.D. Number
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
5/5/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON531 Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Staff expenses	\$12.64	\$2,087,867.08	2018G: \$2,262,867.08
5/5/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON532 Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Staff expenses	\$90.47	\$2,087,867.08	2018G: \$2,262,867.08
5/6/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON533 Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Staff expenses	\$8.45	\$2,087,867.08	2018G: \$2,262,867.08
5/6/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON534 Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Staff expenses	\$25.29	\$2,087,867.08	2018G: \$2,262,867.08

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.

(Include all Schedule C subtotals.).....

2. Amount received this period - unitemized nonmonetary contributions of less than \$100

3. Total nonmonetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

*Contributor Codes

IND - Individual
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(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from 04/01/2018 through 06/30/2018	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number
1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
5/6/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON535 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Staff expenses	\$21.12	\$2,087,867.08	2018G: \$2,262,867.08
5/7/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON536 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Staff expenses	\$210.00	\$2,087,867.08	2018G: \$2,262,867.08
5/7/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON537 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Staff expenses	\$25.00	\$2,087,867.08	2018G: \$2,262,867.08
5/7/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON538 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Staff expenses	\$25.00	\$2,087,867.08	2018G: \$2,262,867.08

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SUBTOTAL

Schedule C Summary

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(Include all Schedule C subtotals.).....
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- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

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Schedule C

Nonmonetary Contributions Received

Type or print in ink.
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SCHEDULE C

Statement covers period from 04/01/2018 through 06/30/2018	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number
1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
5/9/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON539 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Travel	\$15.00	\$2,087,867.08	2018G: \$2,262,867.08
5/9/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON540 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Travel	\$15.00	\$2,087,867.08	2018G: \$2,262,867.08
5/9/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON541 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Travel	\$355.96	\$2,087,867.08	2018G: \$2,262,867.08
5/10/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON542 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Staff expenses	\$19.00	\$2,087,867.08	2018G: \$2,262,867.08

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

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Schedule C

Nonmonetary Contributions Received

Type or print in ink.
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SCHEDULE C

Statement covers period from 04/01/2018 through 06/30/2018	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number
1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
5/12/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON543 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Staff expenses	\$65.23	\$2,087,867.08	2018G: \$2,262,867.08
5/12/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON544 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Staff expenses	\$20.63	\$2,087,867.08	2018G: \$2,262,867.08
5/12/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON545 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Staff expenses	\$31.00	\$2,087,867.08	2018G: \$2,262,867.08
5/12/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON546 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Travel	\$30.00	\$2,087,867.08	2018G: \$2,262,867.08

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SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

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OTH - Other
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Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from 04/01/2018 through 06/30/2018	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number
1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
5/13/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON547 Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Staff expenses	\$24.00	\$2,087,867.08	2018G: \$2,262,867.08
5/14/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON548 Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Staff expenses	\$45.00	\$2,087,867.08	2018G: \$2,262,867.08
5/16/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON549 Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Demonstration Equipment	\$956.38	\$2,087,867.08	2018G: \$2,262,867.08
5/19/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON550 Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Staff expenses	\$17.00	\$2,087,867.08	2018G: \$2,262,867.08

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
2. Amount received this period - unitemized nonmonetary contributions of less than \$100
3. Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

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Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from 04/01/2018 through 06/30/2018	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
5/19/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON551 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Technology	\$9.99	\$2,087,867.08	2018G: \$2,262,867.08
5/20/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON552 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Staff expenses	\$33.90	\$2,087,867.08	2018G: \$2,262,867.08
5/23/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON553 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Staff expenses	\$50.00	\$2,087,867.08	2018G: \$2,262,867.08
5/24/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON554 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Staff expenses	\$70.00	\$2,087,867.08	2018G: \$2,262,867.08

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

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Schedule C Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from 04/01/2018 through 06/30/2018	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
5/26/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON555 Committee ID: 1281664	<div> <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC </div>		Travel	\$317.72	\$2,087,867.08	2018G: \$2,262,867.08
5/26/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON556 Committee ID: 1281664	<div> <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC </div>		Travel	\$380.96	\$2,087,867.08	2018G: \$2,262,867.08
5/27/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON557 Committee ID: 1281664	<div> <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC </div>		Travel	\$239.98	\$2,087,867.08	2018G: \$2,262,867.08
5/27/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON558 Committee ID: 1281664	<div> <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC </div>		Travel	\$177.98	\$2,087,867.08	2018G: \$2,262,867.08

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

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Schedule C

Nonmonetary Contributions Received

Type or print in ink.
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SCHEDULE C

Statement covers period

from 04/01/2018

through 06/30/2018

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FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number
1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
5/29/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON559 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Travel	\$22.00	\$2,087,867.08	2018G: \$2,262,867.08
5/29/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON560 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Travel	\$22.00	\$2,087,867.08	2018G: \$2,262,867.08
5/29/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON561 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Staff expenses	\$7.93	\$2,087,867.08	2018G: \$2,262,867.08
5/29/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON562 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Staff expenses	\$6.50	\$2,087,867.08	2018G: \$2,262,867.08

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SUBTOTAL

Schedule C Summary

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(Include all Schedule C subtotals.).....

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Schedule C Nonmonetary Contributions Received

Type or print in ink.
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SCHEDULE C

Statement covers period from 04/01/2018 through 06/30/2018	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
5/29/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON563 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Staff expenses	\$20.24	\$2,087,867.08	2018G: \$2,262,867.08
5/29/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON564 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Travel	\$30.00	\$2,087,867.08	2018G: \$2,262,867.08
5/30/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON565 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Staff expenses	\$19.40	\$2,087,867.08	2018G: \$2,262,867.08
5/30/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON566 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Staff expenses	\$65.00	\$2,087,867.08	2018G: \$2,262,867.08

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SUBTOTAL

Schedule C Summary

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- Total nonmonetary contributions received this period.
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Schedule C

Nonmonetary Contributions Received

Type or print in ink.
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SCHEDULE C

Statement covers period from 04/01/2018 through 06/30/2018	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number
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5/31/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON567 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Staff expenses	\$125.00	\$2,087,867.08	2018G: \$2,262,867.08
4/10/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON569 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Technology	\$702.00	\$2,087,867.08	2018G: \$2,262,867.08
4/15/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON570 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Technology	\$39.95	\$2,087,867.08	2018G: \$2,262,867.08
4/15/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON571 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Staff expenses	\$21.99	\$2,087,867.08	2018G: \$2,262,867.08

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

*Contributor Codes

IND - Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period
from 04/01/2018
through 06/30/2018

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FORM **460**
Page 30 of 118

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number
1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
4/19/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON572 Committee ID: 1281664	<div><div></div><div>IND</div><div><div></div></div><div>COM</div><div><div></div></div><div>OTH</div><div><div></div></div><div>PTY</div><div><div></div></div><div>SCC</div></div>		Travel	\$440.96	\$2,087,867.08	2018G: \$2,262,867.08
4/19/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON573 Committee ID: 1281664	<div><div></div><div>IND</div><div><div></div></div><div>COM</div><div><div></div></div><div>OTH</div><div><div></div></div><div>PTY</div><div><div></div></div><div>SCC</div></div>		Travel	\$15.00	\$2,087,867.08	2018G: \$2,262,867.08
4/19/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON574 Committee ID: 1281664	<div><div></div><div>IND</div><div><div></div></div><div>COM</div><div><div></div></div><div>OTH</div><div><div></div></div><div>PTY</div><div><div></div></div><div>SCC</div></div>		Travel	\$15.00	\$2,087,867.08	2018G: \$2,262,867.08
4/19/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON575 Committee ID: 1281664	<div><div></div><div>IND</div><div><div></div></div><div>COM</div><div><div></div></div><div>OTH</div><div><div></div></div><div>PTY</div><div><div></div></div><div>SCC</div></div>		Travel	\$376.96	\$2,087,867.08	2018G: \$2,262,867.08
Attach additional information on appropriately labeled continuation sheets.					SUBTOTAL		

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

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(other than PTY or SCC)
OTH - Other
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SCC - Small Contributor Committee

Schedule C Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from 04/01/2018 through 06/30/2018	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
4/19/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON576 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Travel	\$15.00	\$2,087,867.08	2018G: \$2,262,867.08
4/19/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON577 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Travel	\$15.00	\$2,087,867.08	2018G: \$2,262,867.08
4/19/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON578 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Travel	\$351.96	\$2,087,867.08	2018G: \$2,262,867.08
4/19/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON579 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Travel	\$15.00	\$2,087,867.08	2018G: \$2,262,867.08

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

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OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period
from 04/01/2018
through 06/30/2018

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number
1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
4/19/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON580 Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Travel	\$15.00	\$2,087,867.08	2018G: \$2,262,867.08
4/20/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON581 Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Travel	\$366.78	\$2,087,867.08	2018G: \$2,262,867.08
4/21/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Travel	(\$44.00)	\$2,087,867.08	2018G: \$2,262,867.08
4/21/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON583 Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Travel	\$128.00	\$2,087,867.08	2018G: \$2,262,867.08

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

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OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period

from 04/01/2018

through 06/30/2018

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FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number
1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
4/21/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON584 Committee ID: 1281664	<div><input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</div>		Travel	\$217.89	\$2,087,867.08	2018G: \$2,262,867.08
4/22/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON585 Committee ID: 1281664	<div><input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</div>		Travel	\$366.78	\$2,087,867.08	2018G: \$2,262,867.08
4/23/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON586 Committee ID: 1281664	<div><input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</div>		Staff expenses	\$11.00	\$2,087,867.08	2018G: \$2,262,867.08
4/24/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON587 Committee ID: 1281664	<div><input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</div>		Staff expenses	\$12.99	\$2,087,867.08	2018G: \$2,262,867.08

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.

(Include all Schedule C subtotals.).....

2. Amount received this period - unitemized nonmonetary contributions of less than \$100

3. Total nonmonetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

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OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule C Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from 04/01/2018 through 06/30/2018	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number
1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
4/24/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON588 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Technology	\$192.33	\$2,087,867.08	2018G: \$2,262,867.08
4/24/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON589 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Technology	\$57.67	\$2,087,867.08	2018G: \$2,262,867.08
4/25/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON590 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Travel	\$351.96	\$2,087,867.08	2018G: \$2,262,867.08
4/26/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON591 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Staff expenses	\$84.14	\$2,087,867.08	2018G: \$2,262,867.08

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

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(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from 04/01/2018 through 06/30/2018	CALIFORNIA FORM 460 Page 35 of 118 I.D. Number 1399958
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
6/11/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON592 Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Technology	\$1,141.56	\$2,087,867.08	2018G: \$2,262,867.08
6/18/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON593 Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Campaign printing & material	\$38.31	\$2,087,867.08	2018G: \$2,262,867.08
6/18/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON594 Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Campaign printing & material	\$566.93	\$2,087,867.08	2018G: \$2,262,867.08
6/18/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON595 Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Campaign printing & material	\$39.42	\$2,087,867.08	2018G: \$2,262,867.08

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

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OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period

from 04/01/2018

through 06/30/2018

CALIFORNIA
FORM **460**

Page 36 of 118

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number
1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
6/18/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON596 Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Technology	\$75.00	\$2,087,867.08	2018G: \$2,262,867.08
6/18/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON597 Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Technology	\$100.00	\$2,087,867.08	2018G: \$2,262,867.08
6/20/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON598 Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Travel	\$1,718.04	\$2,087,867.08	2018G: \$2,262,867.08
6/25/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON599 Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Campaign printing & material	\$53.23	\$2,087,867.08	2018G: \$2,262,867.08

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SUBTOTAL

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.

(Include all Schedule C subtotals.).....

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3. Total nonmonetary contributions received this period.

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PTY - Political Party
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Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period

from 04/01/2018

through 06/30/2018

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number
1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
6/25/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON600 Committee ID: 1281664	<div><div></div><div>IND</div><div><div></div></div><div>COM</div><div><div></div></div><div>OTH</div><div><div></div></div><div>PTY</div><div><div></div></div><div>SCC</div></div>		Printing and Material	\$154.20	\$2,087,867.08	2018G: \$2,262,867.08
4/25/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON601 Committee ID: 1281664	<div><div></div><div>IND</div><div><div></div></div><div>COM</div><div><div></div></div><div>OTH</div><div><div></div></div><div>PTY</div><div><div></div></div><div>SCC</div></div>		Travel	\$351.96	\$2,087,867.08	2018G: \$2,262,867.08
6/1/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON602 Committee ID: 1281664	<div><div></div><div>IND</div><div><div></div></div><div>COM</div><div><div></div></div><div>OTH</div><div><div></div></div><div>PTY</div><div><div></div></div><div>SCC</div></div>		Staff expenses	\$28.97	\$2,087,867.08	2018G: \$2,262,867.08
6/3/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON603 Committee ID: 1281664	<div><div></div><div>IND</div><div><div></div></div><div>COM</div><div><div></div></div><div>OTH</div><div><div></div></div><div>PTY</div><div><div></div></div><div>SCC</div></div>		Technology	\$48.00	\$2,087,867.08	2018G: \$2,262,867.08

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SUBTOTAL

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.

(Include all Schedule C subtotals.).....

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3. Total nonmonetary contributions received this period.

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Schedule C

Nonmonetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period

from 04/01/2018

through 06/30/2018

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number
1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
6/4/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON604 Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Staff expenses	\$46.00	\$2,087,867.08	2018G: \$2,262,867.08
6/7/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON605 Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Staff expenses	\$100.00	\$2,087,867.08	2018G: \$2,262,867.08
6/8/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON606 Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Staff expenses	\$50.00	\$2,087,867.08	2018G: \$2,262,867.08
6/9/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON607 Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Staff expenses	\$28.45	\$2,087,867.08	2018G: \$2,262,867.08
Attach additional information on appropriately labeled continuation sheets.					SUBTOTAL		

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

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IND - Individual
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OTH - Other
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Schedule C Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C





Statement covers period from 04/01/2018 through 06/30/2018	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number
1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
6/12/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON608 Committee ID: 1281664	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Staff expenses	\$37.00	\$2,087,867.08	2018G: \$2,262,867.08
6/14/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON609 Committee ID: 1281664	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Technology	\$100.00	\$2,087,867.08	2018G: \$2,262,867.08
6/19/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON610 Committee ID: 1281664	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Staff expenses	\$560.00	\$2,087,867.08	2018G: \$2,262,867.08
6/19/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON611 Committee ID: 1281664	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Travel	\$425.97	\$2,087,867.08	2018G: \$2,262,867.08

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

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Schedule C Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from 04/01/2018 through 06/30/2018	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
6/19/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON612 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Travel	\$355.96	\$2,087,867.08	2018G: \$2,262,867.08
6/19/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON613 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Technology	\$9.99	\$2,087,867.08	2018G: \$2,262,867.08
6/20/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON614 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Travel	\$263.80	\$2,087,867.08	2018G: \$2,262,867.08
6/20/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON615 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Travel	\$211.82	\$2,087,867.08	2018G: \$2,262,867.08

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

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Schedule C

Nonmonetary Contributions Received

Type or print in ink.
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SCHEDULE C





Statement covers period from 04/01/2018 through 06/30/2018	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number
1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
6/20/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON616 Committee ID: 1281664	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Travel	\$402.96	\$2,087,867.08	2018G: \$2,262,867.08
6/20/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON617 Committee ID: 1281664	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Travel	\$47.00	\$2,087,867.08	2018G: \$2,262,867.08
6/20/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON618 Committee ID: 1281664	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Staff expenses	\$18.96	\$2,087,867.08	2018G: \$2,262,867.08
6/21/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON619 Committee ID: 1281664	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Transportation	\$1,875.00	\$2,087,867.08	2018G: \$2,262,867.08

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

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PTY - Political Party
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Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period

from 04/01/2018

through 06/30/2018

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number
1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
6/21/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON620 Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Staff expenses	\$3.30	\$2,087,867.08	2018G: \$2,262,867.08
6/21/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON621 Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Staff expenses	\$32.00	\$2,087,867.08	2018G: \$2,262,867.08
6/21/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON622 Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Staff expenses	\$28.00	\$2,087,867.08	2018G: \$2,262,867.08
6/21/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON623 Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Staff expenses	\$13.88	\$2,087,867.08	2018G: \$2,262,867.08
Attach additional information on appropriately labeled continuation sheets.					SUBTOTAL		

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

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Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from 04/01/2018 through 06/30/2018	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number
1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
6/22/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON624 Committee ID: 1281664	<div><div></div><div>IND</div><div><div></div></div><div>COM</div><div><div></div></div><div>OTH</div><div><div></div></div><div>PTY</div><div><div></div></div><div>SCC</div></div>		Staff expenses	\$21.74	\$2,087,867.08	2018G: \$2,262,867.08
6/22/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON625 Committee ID: 1281664	<div><div></div><div>IND</div><div><div></div></div><div>COM</div><div><div></div></div><div>OTH</div><div><div></div></div><div>PTY</div><div><div></div></div><div>SCC</div></div>		Staff expenses	\$7.18	\$2,087,867.08	2018G: \$2,262,867.08
6/22/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON626 Committee ID: 1281664	<div><div></div><div>IND</div><div><div></div></div><div>COM</div><div><div></div></div><div>OTH</div><div><div></div></div><div>PTY</div><div><div></div></div><div>SCC</div></div>		Printing	\$223.54	\$2,087,867.08	2018G: \$2,262,867.08
6/22/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON627 Committee ID: 1281664	<div><div></div><div>IND</div><div><div></div></div><div>COM</div><div><div></div></div><div>OTH</div><div><div></div></div><div>PTY</div><div><div></div></div><div>SCC</div></div>		Staff expenses	\$18.39	\$2,087,867.08	2018G: \$2,262,867.08

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

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(other than PTY or SCC)
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Schedule C Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from 04/01/2018 through 06/30/2018	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
6/22/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON628 Committee ID: 1281664	<div> <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC </div>		Staff expenses	\$7.21	\$2,087,867.08	2018G: \$2,262,867.08
6/22/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON629 Committee ID: 1281664	<div> <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC </div>		Travel	\$28.00	\$2,087,867.08	2018G: \$2,262,867.08
6/22/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON630 Committee ID: 1281664	<div> <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC </div>		Staff expenses	\$32.83	\$2,087,867.08	2018G: \$2,262,867.08
6/23/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON631 Committee ID: 1281664	<div> <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC </div>		Staff expenses	\$18.00	\$2,087,867.08	2018G: \$2,262,867.08

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

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Schedule C Nonmonetary Contributions Received

Type or print in ink.
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SCHEDULE C

Statement covers period from 04/01/2018 through 06/30/2018	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
6/24/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON632 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Staff expenses	\$30.23	\$2,087,867.08	2018G: \$2,262,867.08
6/25/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON633 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Staff expenses	\$7.96	\$2,087,867.08	2018G: \$2,262,867.08
6/25/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON634 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Staff expenses	\$72.00	\$2,087,867.08	2018G: \$2,262,867.08
6/26/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON635 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Electric Equipment	\$25.99	\$2,087,867.08	2018G: \$2,262,867.08

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
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- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

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Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period

from 04/01/2018

through 06/30/2018

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
6/26/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON636 Committee ID: 1281664	<div><div></div><div>IND</div><div><div></div></div><div>COM</div><div><div></div></div><div>OTH</div><div><div></div></div><div>PTY</div><div><div></div></div><div>SCC</div></div>		Electric Equipment	\$224.99	\$2,087,867.08	2018G: \$2,262,867.08
6/26/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON637 Committee ID: 1281664	<div><div></div><div>IND</div><div><div></div></div><div>COM</div><div><div></div></div><div>OTH</div><div><div></div></div><div>PTY</div><div><div></div></div><div>SCC</div></div>		Electric Equipment	\$3.89	\$2,087,867.08	2018G: \$2,262,867.08
6/26/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON638 Committee ID: 1281664	<div><div></div><div>IND</div><div><div></div></div><div>COM</div><div><div></div></div><div>OTH</div><div><div></div></div><div>PTY</div><div><div></div></div><div>SCC</div></div>		Staff expenses	\$30.38	\$2,087,867.08	2018G: \$2,262,867.08
6/27/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON639 Committee ID: 1281664	<div><div></div><div>IND</div><div><div></div></div><div>COM</div><div><div></div></div><div>OTH</div><div><div></div></div><div>PTY</div><div><div></div></div><div>SCC</div></div>		Staff expenses	\$1.00	\$2,087,867.08	2018G: \$2,262,867.08

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.

(Include all Schedule C subtotals.).....

2. Amount received this period - unitemized nonmonetary contributions of less than \$100

3. Total nonmonetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

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Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period
from 04/01/2018
through 06/30/2018

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FORM **460**
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number
1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
6/28/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON640 Committee ID: 1281664	<div><div></div><div>IND</div><div><div></div></div><div>COM</div><div><div></div></div><div>OTH</div><div><div></div></div><div>PTY</div><div><div></div></div><div>SCC</div></div>		Travel	\$177.98	\$2,087,867.08	2018G: \$2,262,867.08
6/28/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON641 Committee ID: 1281664	<div><div></div><div>IND</div><div><div></div></div><div>COM</div><div><div></div></div><div>OTH</div><div><div></div></div><div>PTY</div><div><div></div></div><div>SCC</div></div>		Travel	\$177.98	\$2,087,867.08	2018G: \$2,262,867.08
6/28/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON642 Committee ID: 1281664	<div><div></div><div>IND</div><div><div></div></div><div>COM</div><div><div></div></div><div>OTH</div><div><div></div></div><div>PTY</div><div><div></div></div><div>SCC</div></div>		Staff expenses	\$7.00	\$2,087,867.08	2018G: \$2,262,867.08
6/28/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON643 Committee ID: 1281664	<div><div></div><div>IND</div><div><div></div></div><div>COM</div><div><div></div></div><div>OTH</div><div><div></div></div><div>PTY</div><div><div></div></div><div>SCC</div></div>		Staff expenses	\$6.00	\$2,087,867.08	2018G: \$2,262,867.08

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

*Contributor Codes
IND - Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule C Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from 04/01/2018 through 06/30/2018	CALIFORNIA FORM 460
Page 48 of 118	I.D. Number 1399958

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
6/29/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON644 Committee ID: 1281664	<div> <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC </div>		Staff expenses	\$8.25	\$2,087,867.08	2018G: \$2,262,867.08
6/29/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON645 Committee ID: 1281664	<div> <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC </div>		Staff expenses	\$4.00	\$2,087,867.08	2018G: \$2,262,867.08
6/26/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON646 Committee ID: 1281664	<div> <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC </div>		Staff expenses	\$8.00	\$2,087,867.08	2018G: \$2,262,867.08
6/30/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON647 Committee ID: 1281664	<div> <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC </div>		Staff expenses	\$18.62	\$2,087,867.08	2018G: \$2,262,867.08

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

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 (other than PTY or SCC)
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 PTY - Political Party
 SCC - Small Contributor Committee

Schedule C Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.





SCHEDULE C

Statement covers period from 04/01/2018 through 06/30/2018	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
6/30/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON648 Committee ID: 1281664	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Staff expenses	\$173.00	\$2,087,867.08	2018G: \$2,262,867.08
6/30/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON649 Committee ID: 1281664	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Travel	\$196.34	\$2,087,867.08	2018G: \$2,262,867.08
6/30/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON650 Committee ID: 1281664	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Staff expenses	\$10.56	\$2,087,867.08	2018G: \$2,262,867.08
6/30/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON651 Committee ID: 1281664	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Travel	\$4.00	\$2,087,867.08	2018G: \$2,262,867.08

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

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IND - Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from 04/01/2018 through 06/30/2018	CALIFORNIA FORM 460
	Page 50 of 118

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number
1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
6/30/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON652 Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Travel	\$41.00	\$2,087,867.08	2018G: \$2,262,867.08
6/30/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON653 Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Travel	\$28.00	\$2,087,867.08	2018G: \$2,262,867.08
6/30/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON654 Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Staff time	\$41,850.00	\$2,087,867.08	2018G: \$2,262,867.08
6/30/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON655 Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Staff time	\$33,440.00	\$2,087,867.08	2018G: \$2,262,867.08

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$97,255.51

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

*Contributor Codes
IND - Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		SCHEDULE D	
from	04/01/2018	CALIFORNIA FORM 460	
through	06/30/2018	Page 51 of 118	
NAME OF FILER Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action		I.D. NUMBER 1399958	

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/26/2018	Inglewood Residents for Secure Housing	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$10,000.00	\$10,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL \$10,000.00

Schedule D Summary

1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$10,000.00
2. Unitemized contributions and independent expenditures made this period of under \$100 \$0.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL** \$10,000.00

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from 04/01/2018 through 06/30/2018	CALIFORNIA FORM 460 Page 52 of 118 I.D. NUMBER 1399958
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
The Monaco Group Santa Ana, CA 92705	PET			\$7,766.82
Delia Ayala Los Angeles, CA 90007			Translation services	\$225.00
Gabriela Garcia Los Angeles, CA 90007			Translation services	\$225.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$668,072.85
2. Unitemized payments made this period of under \$100.	\$0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$668,072.85

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	04/01/2018	
through 06/30/2018		Page 53 of 118
NAME OF FILER Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action		I.D. NUMBER 1399958

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. NUMBER
1399958

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
The Line Printing Company Chula Vista, CA 91910	LIT			\$119.08
Kristian James Castro Los Angeles, CA 90018			Intern Monthly Stipend	\$1,212.90
Abigail Willis Los Angeles, CA 90019			Intern monthly stipend	\$1,032.26
Joseph Paz Dominguez Alhambra, CA 91803			Intern monthly stipend	\$800.00
Jacob Woocher Los Angeles, CA 90025			Intern monthly stipend	\$800.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	04/01/2018	
through 06/30/2018		Page 54 of 118
NAME OF FILER Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action		I.D. NUMBER 1399958

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Ines Merello Gomez Llera Los Angeles, CA 90027			Translation services	\$120.00
Huibin Amee Chew Los Angeles, CA 90029	CNS			\$5,500.00
Huibin Amee Chew Los Angeles, CA 90029			Reimbursement of costs	\$151.61
AAP Holding Company, Inc. Westlake Village, CA 91361	PET			\$125,586.50
First Republic Bank Los Angeles, CA 90017	OFC			\$35.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 04/01/2018		
through 06/30/2018		Page 55 of 118
NAME OF FILER Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action		I.D. NUMBER 1399958

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. NUMBER
1399958

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
AAP Holding Company, Inc. Westlake Village, CA 91361	PET			\$129,899.50
First Republic Bank Los Angeles, CA 90017	OFC			\$35.00
Arielle Sallai Los Angeles, CA 90026	CNS			\$3,000.00
Community Partners for Los Angeles Black Worker Center Los Angeles, CA 90043	MTG			\$75.00
AAP Holding Company, Inc. Westlake Village, CA 91361	PET			\$216,892.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 04/01/2018		
through 06/30/2018		Page 56 of 118
NAME OF FILER Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action		I.D. NUMBER 1399958

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. NUMBER
1399958

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
First Republic Bank Los Angeles, CA 90017	OFC			\$35.00
Strumwasser & Woocher LLP Los Angeles, CA 90024	PRO			\$4,730.71
Strumwasser & Woocher LLP Los Angeles, CA 90024	PRO			\$6,242.21
State of California Sacramento, CA 95814	FIL		Filing fee for proponents of Costa-Hawkins Initiative	\$2,000.00
Inglewood Residents for Secure Housing Los Angeles, CA 90017	CTB			\$10,000.00
Committee ID: 1400876				

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	04/01/2018	
through 06/30/2018		Page 57 of 118
NAME OF FILER Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action		I.D. NUMBER 1399958

SEE INSTRUCTIONS ON REVERSE

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
First Republic Bank Los Angeles, CA 90017	OFC			\$35.00
Abigail Willis Los Angeles, CA 90019			Intern monthly stipend	\$600.00
Aimee Ewell West Hills, CA 91307	CNS			\$2,725.00
Joseph Paz Dominguez Alhambra, CA 91803			Intern monthly stipend	\$400.00
SOPPAAC African American Cultural Center Los Angeles, CA 90043-1335	MTG			\$300.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 04/01/2018		
through 06/30/2018		Page 58 of 118
NAME OF FILER Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action		I.D. NUMBER 1399958

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Jacob Woocher Los Angeles, CA 90025		Intern monthly stipend	\$400.00
Aimee Ewell West Hills, CA 91307	CNS		\$4,162.50
Gloria Leonard Los Angeles, CA 90026		Translation services	\$150.00
Christen Suzette Hebrard Los Angeles, CA 90066	CNS		\$2,000.00
Huibin Amee Chew Los Angeles, CA 90029	CNS		\$5,500.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 04/01/2018		
through 06/30/2018		Page 59 of 118
NAME OF FILER Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action		I.D. NUMBER 1399958

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Huibin Amee Chew Los Angeles, CA 90029			Reimbursement of costs	\$115.33
Anne Petrokubi Burbank, CA 91506	WEB			\$500.00
AAP Holding Company, Inc. Westlake Village, CA 91361	PET			\$30,540.75
Hso Hkam Venice, CA 90291	TEL		Video production	\$2,250.00
Hso Hkam Venice, CA 90291			Reimbursement of costs	\$119.40

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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Statement covers period
from 04/01/2018
through 06/30/2018

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. NUMBER
1399958

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Kristian James Castro Los Angeles, CA 90018			Intern monthly stipend	\$400.00
Arielle Sallai Los Angeles, CA 90026	CNS			\$3,000.00
Telegraph Oakland, CA 94612			Expenses	\$1,682.86
Telegraph Oakland, CA 94612	CNS			\$8,500.00
Agility Digital, Inc. South Jordan, UT 84095	WEB			\$2,000.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 04/01/2018		
through 06/30/2018		Page 61 of 118
NAME OF FILER Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action		I.D. NUMBER 1399958

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
First Republic Bank Los Angeles, CA 90017	OFC			\$8.00
Jacob Woocher Los Angeles, CA 90025		Intern Monthly		\$600.00
Jacob Woocher Los Angeles, CA 90025		Intern Monthly		\$600.00
Arielle Sallai Los Angeles, CA 90026	CNS			\$4,000.00
Christen Suzette Hebrard Los Angeles, CA 90066	CNS			\$4,000.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

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from 04/01/2018		
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Aimee Ewell West Hills, CA 91307			Reimbursement	\$1,212.50
Aimee Ewell West Hills, CA 91307	CNS			\$4,000.00
California Democratic Party Sacramento, CA 95811	CVC		Exhibit Table and Virtual banner	\$1,450.00
Committee ID: 741666 Joseph Paz Dominguez Alhambra, CA 91803			Intern monthly	\$50.00
Telegraph Oakland, CA 94612	CNS			\$8,500.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	04/01/2018	
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Telegraph Oakland, CA 94612			Expenses	\$1,752.92
David Binder Research San Francisco, CA 94102	POL			\$60,000.00
First Republic Bank Los Angeles, CA 90017	OFC			\$35.00

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SUBTOTAL \$668,072.85

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period
from 04/01/2018
through 06/30/2018

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

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NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
AAP Holding Company, Inc. Westlake Village, CA 91361	PET	\$125,586.50	\$0.00	\$125,586.50	\$0.00
The Monaco Group Santa Ana, CA 92705	PET	\$7,766.82	\$0.00	\$7,766.82	\$0.00
Delia Ayala Los Angeles, CA 90007	Translation services	\$225.00	\$0.00	\$225.00	\$0.00

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SUBTOTALS

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** \$48,362.76
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** \$153,269.88
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** (\$104,907.12)
May be a negative number.

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.
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Statement covers period
from 04/01/2018
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Gabriela Garcia Los Angeles, CA 90007	Translation services	\$225.00	\$0.00	\$225.00	\$0.00
The Line Printing Company Chula Vista, CA 91910	LIT	\$119.08	\$0.00	\$119.08	\$0.00
Kristian James Castro Los Angeles, CA 90018	Intern Monthly Stipend	\$1,212.90	\$0.00	\$1,212.90	\$0.00
Abigail Willis Los Angeles, CA 90019	Intern monthly stipend	\$1,032.26	\$0.00	\$1,032.26	\$0.00

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

Type or print in ink.
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SCHEDULE F (CONT.)

Statement covers period
from 04/01/2018
through 06/30/2018

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NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

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Joseph Paz Dominguez Alhambra, CA 91803	Intern monthly stipend	\$800.00	\$0.00	\$800.00	\$0.00
Jacob Woocher Los Angeles, CA 90025	Intern monthly stipend	\$800.00	\$0.00	\$800.00	\$0.00
Ines Merello Gomez Llera Los Angeles, CA 90027	Translation services	\$120.00	\$0.00	\$120.00	\$0.00
Huibin Amee Chew Los Angeles, CA 90029	CNS	\$5,500.00	\$0.00	\$5,500.00	\$0.00

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

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SCHEDULE F (CONT.)

Statement covers period
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Huibin Amee Chew Los Angeles, CA 90029	Reimbursement of costs	\$151.61	\$0.00	\$151.61	\$0.00
State of California Sacramento, CA 95814	FIL Filing fee for proponents of Costa-Hawkins Initiative	\$2,000.00	\$0.00	\$2,000.00	\$0.00
Arielle Sallai Los Angeles, CA 90026	CNS	\$3,000.00	\$0.00	\$3,000.00	\$0.00
Strumwasser & Woocher LLP Los Angeles, CA 90024	PRO	\$4,730.71	\$0.00	\$4,730.71	\$0.00

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

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Statement covers period
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NAME OF FILER
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Hso Hkam Venice, CA 90291	TEL Video production	\$0.00	\$1,500.00	\$0.00	\$1,500.00
Hso Hkam Venice, CA 90291	Reimbursement of costs	\$0.00	\$42.00	\$0.00	\$42.00
Jacob Woocher Los Angeles, CA 90025	Intern monthly stipend	\$0.00	\$800.00	\$0.00	\$800.00
Christen Suzette Hebrard Los Angeles, CA 90066	CNS	\$0.00	\$4,000.00	\$0.00	\$4,000.00

SUBTOTALS

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

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SCHEDULE F (CONT.)

Statement covers period
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AAP Holding Company, Inc. Westlake Village, CA 91361	PET	\$0.00	\$8,582.50	\$0.00	\$8,582.50
Huibin Amee Chew Los Angeles, CA 90029	CNS	\$0.00	\$4,790.00	\$0.00	\$4,790.00
Arielle Sallai Los Angeles, CA 90026	CNS	\$0.00	\$4,000.00	\$0.00	\$4,000.00
Arielle Sallai Los Angeles, CA 90026	Reimbursement of costs	\$0.00	\$863.51	\$0.00	\$863.51

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

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SCHEDULE F (CONT.)

Statement covers period
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CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Aimee Ewell West Hills, CA 91307	CNS	\$0.00	\$4,000.00	\$0.00	\$4,000.00
Aimee Ewell West Hills, CA 91307	Reimbursement of costs	\$0.00	\$753.57	\$0.00	\$753.57
Housing Long Beach Long Beach, CA 90813	PET	\$0.00	\$1,706.76	\$0.00	\$1,706.76
Change Research Berkeley, CA 94709	POL	\$0.00	\$8,000.00	\$0.00	\$8,000.00

SUBTOTALS

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F (CONT.)

Statement covers period
from 04/01/2018
through 06/30/2018

CALIFORNIA
FORM 460

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NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. NUMBER
1399958

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
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*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Telegraph Oakland, CA 94612	CNS	\$0.00	\$8,500.00	\$0.00	\$8,500.00
Press Print, Inc. Banning, CA 92220	CMP	\$0.00	\$824.42	\$0.00	\$824.42
SUBTOTALS		\$153,269.88	\$48,362.76	\$153,269.88	\$48,362.76

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	04/01/2018	
through	06/30/2018	Page 72 of 118

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. NUMBER
1399958

NAME OF AGENT OR INDEPENDENT CONTRACTOR

ACCE Action

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
RS Bus Line Inc. Los Angeles, CA 90001			Bus Transportation	\$2,913.50
Eastshore Charter Lines Oakland, CA 94607			Bus Transportation	\$1,580.00
Eastshore Charter Lines Oakland, CA 94607			Bus Transportation	\$229.00
RS Bus Line Inc. Los Angeles, CA 90001			Bus Transportation	\$2,913.50

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$7636.00

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period
from 04/01/2018
through 06/30/2018

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. NUMBER
1399958

NAME OF AGENT OR INDEPENDENT CONTRACTOR

ACCE Action

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
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LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Eastshore Charter Lines Oakland, CA 94607		Bus Transportation	\$1,640.00
Eastshore Charter Lines Oakland, CA 94607		Bus Transportation	\$336.35

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1976.35

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period
from 04/01/2018
through 06/30/2018

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. NUMBER
1399958

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Housing Long Beach

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
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LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Spinelli Graphics Los Alamitos, CA 90720	PET			\$1,706.76

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1706.76

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	04/01/2018	
through	06/30/2018	Page 75 of 118

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. NUMBER
1399958

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Poverty Matters

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Enterprise St. Louis, MO 63105	TRS			\$194.86
Enterprise St. Louis, MO 63105	TRS			\$330.92

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$525.78

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule H – Loans Made to Others*

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE H

Statement covers period

from 04/01/2018

through 06/30/2018

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. NUMBER
1399958

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.			SUBTOTALS					

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

1. Loans made this period
(Total Column (b) plus unitemized loans less than \$100.)

** If Required

2. Payments received on loans
(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.) **NET**
(Enter the net here and on the Summary Page, Column A, Line 7.) (May be a negative number)

Schedule I
Miscellaneous Increases to Cash

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 04/01/2018
through 06/30/2018

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action
I.D. NUMBER
1399958

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.
SUBTOTAL \$00

Schedule I Summary

1. Increases to cash of \$100 or more this period..... \$00
2. Unitemized increases to cash under \$100 this period..... \$00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)..... \$00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)..... TOTAL \$00

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